

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR SUPERVISING PSYCHIATRIC SOCIAL WORKER I,
CORRECTIONAL FACILITY**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Supervising Psychiatric Social Worker I, Correctional Facility with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name:

Social Security Number:

Address:

Home Phone Number:

Work Phone Number:

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

NOTE: An Associate of Social Work (ASW) degree is not equivalent to a license.

Possession of a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners. (Applicants who are in the process of securing their license from the California Board of Behavioral Science Examiners will be admitted to the examination, but must secure a valid license before they will be considered eligible for appointment.). (Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of one year at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.) and

Education: Completion of a master's degree program from an accredited school of social work, approved by the Council on Social Work Education or equivalent degree approved by the California Superintendent of Public Instruction under the provisions of California Education Code Section 94310. and

Two years of post-licensed or post-certified experience as a clinical social worker meeting the supervisor requirements of Section 4980.40 (f) (3) of the Business and Professions Code. and

Either I

Two years of experience performing the duties of a Clinical Social Worker – Safety (formally Psychiatric Social Worker, Correctional Facility), in the California state service.

Or II

Experience: Four years of experience in psychiatric social work, at least one year of which must have been as a social work supervisor and at least two years of which must have been as a social work supervisor and at least two years of which must have been in a child guidance or psychiatric clinic, in a psychiatric outpatient program, in a psychiatric hospital, or in a psychiatric department of a hospital.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to treat inmates, youthful offenders, and parolees in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to provide professional and ethical mental health care to inmates, youthful offenders, and parolees including the mentally ill and developmentally disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to work among inmates, youthful offenders, and parolees including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you willing to work with inmates, youthful offenders, and parolees who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

JOB REQUIREMENTS - Continued

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

6. Are you willing to abide by and adhere to institutional/parole outpatient clinic safety and security policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you willing to abide by and adhere to the institutional/outpatient clinic dress code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you willing to complete on-going education specific to licensure, and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you willing to work various and/or extended hours as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEGREES/CERTIFICATIONS

Please indicate if you have any of the following degrees and/or certifications by marking the appropriate box.

- ☐ 14. Associate of Arts/Bachelor of Arts degree in Psychology or Sociology
- ☐ 15. PhD in Social Work, Social Welfare, Social Service, or Social Policy
- ☐ 16. Substance Abuse Professional Certification
- ☐ 17. Certified Domestic Violence Counselor
- ☐ 18. Certified HIV Counselor
- ☐ 19. Professional Organization Membership (e.g. National Association of Social Workers, California Association of Social Workers, etc.)

**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE	FREQUENCY					LEVEL OF SKILL			
Note to Applicants: Under "Work Experience," for items # 20-35, please indicate Frequency: a) If you have performed this task within the last 24 months b) How often you perform this task (e.g., select one box from "weekly" "monthly" and "annually" column) Level of Skill: a) The level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	Last 24 months		Weekly	Monthly	Annually		Not performed	Performed during training	Performed AFTER licensure
20. Supervise clinical social workers and staff to ensure compliance with program policies.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Supervise training of psychiatric social worker students.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Develop psychiatric work treatment plans in an assigned district or in an institution/clinic for mentally and/or emotionally disturbed, mentally deficient or physically disabled patients, inmates, youthful offenders, or parolees.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Evaluate staff performance and take or recommend appropriate action.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Recruit, screen, interview, and hire clinical social workers.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Oversee clinical social workers case assignments to ensure the appropriate delivery of psychosocial services are being met.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Provide clinical guidance and training for clinical social workers to improve quality of care and provide appropriate treatment.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Provide follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Ensure the timely completion of initial evaluations, patient treatment plans and interdisciplinary treatment team meetings.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Interview patients to determine mental health diagnoses.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

<p>Note to Applicants: Under "Work Experience," for items # 20-35, please indicate</p> <p>Frequency: a) If you have performed this task within the last 24 months</p> <p>b) How often you perform this task (e.g., select one box from "weekly" "monthly" and "annually" column)</p> <p>Level of Skill: b) The level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)</p>	Last 24 months		Weekly	Monthly	Annually		Not performed	Performed during training	Performed AFTER licensure
30. Establish professional and respectful working relationships with supervisors, administrators, staff subordinates, parolees, etc.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Develop programs for community planning and education and coordinate needs of hospitals, clinics with other agencies and communities.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Work as a team member with other treatment disciplines.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Participate in meetings, committees and conferences.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Participate in the peer review/quality management process.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Interact with outside monitoring agencies.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**
Tracy, San Joaquin County
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**
Conservation Camp Facility
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ **7232 CENTRAL REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison**
Reception Center, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**
Facility, Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ **7233 SOUTHERN REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**
at Rock Mountain, San Diego,
San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**
Reception Center & Clinic
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

PAROLE LISTING

PAROLE OUT PATIENT CLINICS ARE LOCATED IN VARIOUS COUNTIES THROUGHOUT THE STATE
PLEASE CHECK YOUR CHOICES - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT CHECKED

NORTHERN REGION -

- | | | |
|--------------------------|------|---------------|
| <input type="checkbox"/> | 0100 | Alameda |
| <input type="checkbox"/> | 0300 | Amador |
| <input type="checkbox"/> | 0400 | Butte |
| <input type="checkbox"/> | 0700 | Contra Costa |
| <input type="checkbox"/> | 1200 | Humboldt |
| <input type="checkbox"/> | 1800 | Lassen |
| <input type="checkbox"/> | 2300 | Mendocino |
| <input type="checkbox"/> | 3100 | Placer |
| <input type="checkbox"/> | 3400 | Sacramento |
| <input type="checkbox"/> | 3800 | San Francisco |
| <input type="checkbox"/> | 3900 | San Joaquin |
| <input type="checkbox"/> | 4500 | Shasta |
| <input type="checkbox"/> | 4800 | Solano |
| <input type="checkbox"/> | 4900 | Sonoma |
| <input type="checkbox"/> | 5100 | Sutter |
| <input type="checkbox"/> | 5200 | Tehama |
| <input type="checkbox"/> | 5500 | Tuolumne |
| <input type="checkbox"/> | 5700 | Yolo |
| <input type="checkbox"/> | 5800 | Yuba |

CENTRAL REGION -

- | | | |
|--------------------------|------|-----------------|
| <input type="checkbox"/> | 1000 | Fresno |
| <input type="checkbox"/> | 1500 | Kern |
| <input type="checkbox"/> | 1600 | Kings |
| <input type="checkbox"/> | 2000 | Madera |
| <input type="checkbox"/> | 2400 | Merced |
| <input type="checkbox"/> | 2700 | Monterey |
| <input type="checkbox"/> | 4000 | San Luis Obispo |
| <input type="checkbox"/> | 4100 | San Mateo |
| <input type="checkbox"/> | 4300 | Santa Clara |
| <input type="checkbox"/> | 4400 | Santa Cruz |
| <input type="checkbox"/> | 5000 | Stanislaus |
| <input type="checkbox"/> | 5400 | Tulare |

SOUTHERN REGION -

- | | | |
|--------------------------|------|----------------|
| <input type="checkbox"/> | 1300 | Imperial |
| <input type="checkbox"/> | 1900 | Los Angeles |
| <input type="checkbox"/> | 3000 | Orange |
| <input type="checkbox"/> | 3300 | Riverside |
| <input type="checkbox"/> | 3600 | San Bernardino |
| <input type="checkbox"/> | 3700 | San Diego |
| <input type="checkbox"/> | 4200 | Santa Barbara |
| <input type="checkbox"/> | 5600 | Ventura |



**SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CF EXAMINATION?

Check the box that best describes how you found out about the Psychiatric Social Worker I, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other